

Please type a plus sign (+) inside the box → ☐

PTO/SB/96 (10-30)
 Approved for use through 30/31/2002 OMB no. 0035
 U.S. Patent and Trademark Office U.S. DEPARTMENT OF COMMERCE
 Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Andrew S GOLDSBOROUGH
Group Art Unit	Unknown
Examiner Name	Unassigned
Attorney Docket Number	US2.Goldsborough

I hereby appoint:

☐ Practitioners at Customer Number ☐
 OR

☒ Practitioner(s) named below:

Place Customer
Number Bar Code
Label here

Name	Registration Number
John M. Lucas	43-373

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above identified application to:

☐ The above mentioned Customer Number.

OR

☒ Firm or Individual Name John Lucas, Ph.D., J.D.

Address

Address 10666 Sorrento Valley Road

City

San Diego

State

CA

Zip

92121-1609

Country

USA

Telephone

(050) 597-2600

Fax

(848) 597-2901

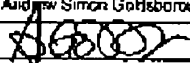
I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(d) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Andrew Simon Goldsborough
Signature	
Date	25 th October 2001

NOTE: Signature of all the inventors or assignees of record of the entire interest (or their representative(s)) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20230. DO NOT SEND FEE OR COMPLETE FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patent, Copyright, and Trademark, DC 20231.

Please type or print in this box → +

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.
Approved for use through 10/31/2002, OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

☒ Declaration
Submitted
with Initial
Filing

OR

☐ Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number **US2.Goldsborough**
First Named Inventor **Andrew S. Goldsborough**

COMPLETE FIELDS

Application Number **..... /**
Filing Date **.....**
Group Art Unit **Unknown**
Examiner Name **Unassigned**

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Isolation of Nucleic Acid

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) **.....**

as United States Application Number or PCT International

Application Number **.....**

and was amended on (MM/DD/YYYY) **.....**

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.55, including for continuation, in-part applications, national information which becomes available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a) or 356(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
1941/1900	US	12/20/1999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1942/1900	US	12/20/1999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1943/1900	US	12/20/1999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1944/1900	US	12/20/1999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/MB attached hereto.

I hereby claim the benefit under 35 U.S.C. 121:

Application Number(s)	Filing Date (MM/DD/YYYY)
PCT/GB00/0166	06/02/2000

(Page 1 of 2)

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. (X) 10/10/01 PCT/GB00/0166 FORM 101 (MAY 1998) (2-00) U.S. DEPARTMENT OF COMMERCE, Patent and Trademark Office, Washington, DC 20231

1005 T00 03

1005 T00 03

Approved for use through 12/31/2001. DMS OCT-0032
 U.S. Patent and Trademark Office U.S. DEPARTMENT OF COMMERCE
 Under the Paperwork Reduction Act of 1995 no person is required to respond to a collection of information unless it displays a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☐ Claim Number or Bar Code Label ☒ Correspondence address below

Name John Lucas, Ph. D., J. D.

Address

Address 10665 Sorrento Valley Road

City San Diego

CA

Zip 92121-1609

Country USA

Telephone 658/ 597-2800

Fax 658/ 597-2801

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that those statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLR OR FIRST INVENTOR :

☐ A petition has been filed for this unnamed inventor

Given Name Andrew Simon
 (first and middle if any)

Family Name GOLDSBOROUGH
 or Surname

Inventor's
 Signature

Date 25 October 2001

Residence City St. Gely du Fesc

State

Country France

Citizenship British

Mailing Address 42 Rue du Mes du Juge

Mailing Address

City St. Gely du Fesc

State

ZIP 34980

Country France

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unnamed inventor

Given Name
 (first and middle if any)

Family Name
 or Surname

Inventor's
 Signature

Date

Residence City

State

Country

Citizenship

Mailing Address

Mailing Address

City

State

ZIP

Country

☐ Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SF/DA attached hereto.

Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (10-00)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing OR ☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	US2.Goldsborough
First Named Inventor	Andrew S. Goldsborough
COMPLETE IF KNOWN	
Application Number	10 / 031.636
Filing Date	October 26, 2001
Group Art Unit	Unknown
Examiner Name	Unassigned

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Isolation of Nucleic Acid

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

10/26/2001

as United States Application Number or PCT International

(if applicable).

Application Number

10/031.636

and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
9910158.6	GB	04/30/1999	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9910154.5	GB	04/30/1999	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9910157.8	GB	04/30/1999	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9910156.0	GB	04/30/1999	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 120

Application Number(s)	Filing Date (MM/DD/YYYY)
PCT/GB00/01684	05/02/2000

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☐ Customer Number or Bar Code Label ☐ OR ☒ Correspondence address below

Name John Lucas, Ph.D., J.D.

Address

Address 10665 Sorrento Valley Road

City San Diego

State CA

ZIP 92121-1609

Country USA

Telephone 858/597-2600

Fax 858/597-2601

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle (if any)) Andrew Simon

Family Name
or Surname GOLDSBOROUGH

Inventor's
Signature 

Date 1st April 2002

Residence: City St. Gely du Fesc

State

Country France

Citizenship British

Mailing Address 42 Rue du Mas du Juge

Mailing Address

City St. Gely du Fesc

State

ZIP 34980

Country France

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle (if any))

Family Name
or Surname

Inventor's
Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address

Mailing Address

City

State

ZIP

Country

☐ Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.